

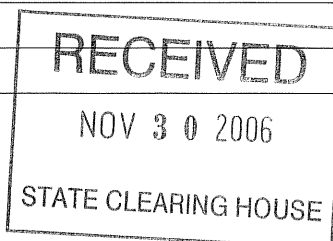
Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/27/2006	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: Rural Communities Housing Development Corporation		Organizational Unit: Department:		
Organizational DUNS: 034976589		Division:		
Address: Street: 499 Leslie Street, City: Ukiah, County: Mendocino State: CA Zip Code 95482 Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Duane Middle Name: Last Name: Hill Suffix: Email: dhill@rchdc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2319894		Phone Number (give area code) 499 Leslie Street,		Fax Number (give area code) 707-463-2252
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O: Not for profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Farm Labor Housing and Grants 10-405		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kelseyville, Lake County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oak Hill Apartments - affordable rental housing for farmworker families. Under this proposal the applicant will finish a \$10.5 million dollar project.		
13. PROPOSED PROJECT Start Date: 11/27/2006 Ending Date: 2/1/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant First b. Project First		
15. ESTIMATED FUNDING: a. Federal USDA \$ 400,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Mr. First Name Duane Middle Name Suffix Last Name Hill		c. Telephone Number (give area code) 707-463-1975 x117 e. Date Signed 11/27/2006		
b. Title Executive Director d. Signature of Authorized Representative				

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: PARKS AND RECREATION, CA DEPT OF

* b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0303606

* c. Organizational DUNS:

112070807

d. Address:

* Street1:

301 Casplan Way

Street2:

* City:

Imperial Beach

County:

San Diego

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 91932

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Clay

Middle Name:

* Last Name:

Phillips

Suffix:

Title: Reserve Manager

Organizational Affiliation:

* Telephone Number: 619-575-3815

Fax Number: 619-575-6913

* Email: cphillip@parks.ca.gov

RECEIVED

NOV 30 2006

STATE CLEARING HOUSE

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
<input type="text" value="A: State Government"/>	
Type of Applicant 2: Select Applicant Type:	
<input type="text"/>	
Type of Applicant 3: Select Applicant Type:	
<input type="text"/>	
* Other (specify):	
<input type="text"/>	
* 10. Name of Federal Agency:	
<input type="text" value="National Oceanic and Atmospheric Administration"/>	
11. Catalog of Federal Domestic Assistance Number:	
<input type="text" value="11.420"/>	
CFDA Title:	
<input type="text" value="Coastal Zone Management Estuarine Research Reserves"/>	
* 12. Funding Opportunity Number:	
<input type="text" value="NOS-OCRM-2007-2000789"/>	
* Title:	
<input type="text" value="National Estuarine Research Reserve Land Acquisition and Construction Program FY07"/>	
13. Competition Identification Number:	
<input type="text" value="2050004"/>	
Title:	
<input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
<input type="text" value="Imperial Beach and San Diego, San Diego County, California"/>	
* 15. Descriptive Title of Applicant's Project:	
<input type="text" value="TRNERR - Construction Signage Grant"/>	
Attach supporting documents as specified in agency instructions.	
<input type="checkbox"/> NO Attachment	<input type="checkbox"/> Attach Supporting Documents

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant: <input type="text" value="53"/>	* b. Program/Project: <input type="text" value="53"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> Add Attachment Delete Attachment View Attachment</div>		
17. Proposed Project:		
* a. Start Date: <input type="text" value="03/01/2007"/>	* b. End Date: <input type="text" value="12/31/2007"/>	
18. Estimated Funding (\$):		
* a. Federal		25,607.00
* b. Applicant		0.00
* c. State		11,000.00
* d. Local		0.00
* e. Other		0.00
* f. Program Income		0.00
* g. TOTAL		36,607.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="11/30/2006"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; display: inline-block;">Explanation</div>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Clay"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Phillips"/>		
Suffix: <input type="text"/>		
* Title: <input type="text" value="Reserve Manager"/>		
* Telephone Number: <input type="text" value="819-575-3615"/>	Fax Number: <input type="text" value="819-575-6913"/>	
* Email: <input type="text" value="cphillip@parks.ca.gov"/>		
* Signature of Authorized Representative: <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission</div>	* Date Signed: <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission</div>	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. * Total Estimated Project Funding</td> <td style="width: 70%;">\$99,955.00</td> </tr> <tr> <td>b. * Total Federal & Non-Federal Funds</td> <td>\$99,955.00</td> </tr> <tr> <td>c. * Estimated Program Income</td> <td>\$0.00</td> </tr> </table>	a. * Total Estimated Project Funding	\$99,955.00	b. * Total Federal & Non-Federal Funds	\$99,955.00	c. * Estimated Program Income	\$0.00	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 11/16/2006 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																												
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19. Authorized Representative <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Prefix:</td> <td style="width: 25%;">* First Name: Miriam</td> <td style="width: 25%;">Middle Name:</td> <td style="width: 25%;">* Last Name: Rauch</td> <td style="width: 10%;">Suffix:</td> </tr> <tr> <td>* Position/Title:</td> <td colspan="2">President & CEO</td> <td colspan="2">* Organization Name: Nu-Trek, Inc.</td> </tr> <tr> <td>Department:</td> <td colspan="2"></td> <td colspan="2">Division:</td> </tr> <tr> <td>* Street1:</td> <td colspan="2">17150 Via del Campo Suite 202</td> <td colspan="2">Street2:</td> </tr> <tr> <td>* City:</td> <td colspan="2">San Diego</td> <td colspan="2">County:</td> </tr> <tr> <td>Province:</td> <td colspan="2"></td> <td colspan="2">* State: CA: California</td> </tr> <tr> <td>* Phone Number:</td> <td colspan="2">858-487-0620</td> <td colspan="2">* ZIP / Postal Code: 92127</td> </tr> <tr> <td></td> <td colspan="2"></td> <td colspan="2">* Email: miriam@nu-trek.com</td> </tr> <tr> <td colspan="3" style="text-align: center;">* Signature of Authorized Representative</td> <td colspan="2" style="text-align: center;">* Date Signed</td> </tr> <tr> <td colspan="3" style="text-align: center;">Miriam Rauch</td> <td colspan="2" style="text-align: center;">11/21/2006</td> </tr> </table>		Prefix:	* First Name: Miriam	Middle Name:	* Last Name: Rauch	Suffix:	* Position/Title:	President & CEO		* Organization Name: Nu-Trek, Inc.		Department:			Division:		* Street1:	17150 Via del Campo Suite 202		Street2:		* City:	San Diego		County:		Province:			* State: CA: California		* Phone Number:	858-487-0620		* ZIP / Postal Code: 92127					* Email: miriam@nu-trek.com		* Signature of Authorized Representative			* Date Signed		Miriam Rauch			11/21/2006	
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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding \$99,979.00 b. * Total Federal & Non-Federal Funds \$99,979.00 c. * Estimated Program Income \$0.00	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 11/16/2006 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																													
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20. Pre-application File Name: Mime Type:																																														
21. Attach an additional list of Project Congressional Districts if needed. File Name: Mime Type:																																														

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

4. Federal Identifier

DE-FG02-01ER40662-Supplemental

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

* Organizational DUNS: 092530369

5. APPLICANT INFORMATION

* Legal Name: The Regents of the University of California

Department: Office of Contract & Grant Adm

Division: UCLA

* Street1: 10920 Wilshire Blvd., Suite 1200

Street2:

* City: Los Angeles

County: Los Angeles

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 90024-1406

RECEIVED

NOV 22 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Ms. Karen

Marchant

* Phone Number: 310-794-0167

Fax Number: 310-794-0631

Email: kmarchant@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

1956006143A1

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

LHC Precision Calculations Initiative

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Los Angeles, CA

13. PROPOSED PROJECT:

* Start Date

* Ending Date

01/15/2007

01/14/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-030

CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Prof. Zvi

Bern

Position/Title: Professor of Physics

* Organization Name: The Regents of the University of California

Department: Physics and Astronomy

Division: UCLA

* Street1: 475 Portola Plaza

Street2:

* City: Los Angeles

County: Los Angeles

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 90095-1547

* Phone Number: 310-825-8528

Fax Number: 310-206-5668

* Email: bern@physics.ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 175,000.00

b. * Total Federal & Non-Federal Funds 175,000.00

c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 11/22/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Ms. Karen Marchant

* Position/Title: Grant Analyst * Organization: The Regents of the University of California

Department: Office of Contract & Grant Adm Division: UCLA

* Street1: 10920 Wilshire Blvd., Suite 1200 Street2:

* City: Los Angeles County: Los Angeles * State: CA: California

Province: * Country: UNITED ST * ZIP / Postal Code: 90024-1406

* Phone Number: 310-794-0167 Fax Number: 310-794-0631 * Email: kmarchant@resadmin.ucla.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)****1. * TYPE OF SUBMISSION**

☐ Pre-application ☒ Application
☐ Changed/Corrected Application

2. DATE SUBMITTED**3. DATE RECEIVED BY STATE****Applicant Identifier****State Application Identifier****4. Federal Identifier****5. APPLICANT INFORMATION**

* Organizational DUNS: 100328348

* Legal Name: Nu-Trek, Inc.

Department:

Division:

* Street1: 17150 Via del Campo Suite 202

Street2:

* City: San Diego

County:

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92127

RECEIVED

NOV 20 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Miriam

Rauch

* Phone Number: 858-487-0620

Fax Number: 858-487-2172

Email: miriam@nu-trek.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

02-0632796

7. * TYPE OF APPLICANT:

R: Small Business

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):**9. * NAME OF FEDERAL AGENCY:**

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Ultra Fast X-Ray Detector, Topic 14-d

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

The United States of America

13. PROPOSED PROJECT:

* Start Date

* Ending Date

06/01/2007

03/01/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-050

CA-050

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. John

Rauch

Position/Title: Chief Scientist

* Organization Name: Nu-Trek, Inc.

Department:

Division:

* Street1: 17150 Via del Campo Suite 202

Street2:

* City: San Diego

County:

* State: CA: Californ

Province:

* Country: UNITED ST

* ZIP / Postal Code: 92127

* Phone Number: 858-487-0639

Fax Number: 858-487-2172

* Email: john@nu-trek.com

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="99,931.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="99,931.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 150px;" type="text" value="11/16/2006"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Miriam		Rauch	
* Position/Title:	President & CEO	* Organization:	Nu-Trek, Inc.	
Department:		Division:		
* Street1:	17150 Via del Campo Suite 202	Street2:		
* City:	San Diego	County:		* State: CA: Californi
Province:		* Country:	UNITED ST	* ZIP / Postal Code: 92127
* Phone Number:	858-487-0620	Fax Number:	858-487-2172	* Email: miriam@nu-trek.com
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application <input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
---	---	--	--

21. Attach an additional list of Project Congressional Districts if needed. <input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
---	---	--	--

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

* Organizational DUNS: 786587383

5. APPLICANT INFORMATION

* Legal Name: Innovative Energy Concepts

Department:

Division:

* Street1: 2200 Hale Drive

Street2:

* City: Burlingame

County: San Mateo

* State: CA: California

Province:

* Country: UNITED STATES * ZIP / Postal Code: 94010

RECEIVED
NOV 21 2006
STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Dr. David Rushton Farley

* Phone Number: 650-787-2518

Fax Number: 650-885-5840

Email: dfarley@ienergyconcepts.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

205644497

7. * TYPE OF APPLICANT:

R: Small Business

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Topic 64C - Proposal to design and build an innovative new laser resonator to produce states of high energy density

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

California

13. PROPOSED PROJECT:

* Start Date

* Ending Date

06/21/2007

03/21/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-012

CA-all

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Dr. David Rushton Farley

Position/Title: President

* Organization Name: Innovative Energy Concepts

Department:

Division:

* Street1: 2200 Hale Drive

Street2:

* City: Burlingame

County: San Mateo

* State: CA: California

Province:

* Country: UNITED STATES * ZIP / Postal Code: 94010

* Phone Number: 650-787-2518

Fax Number: 650-885-5840

* Email: dfarley@ienergyconcepts.com

OMB Number: 4040-0001

Expiration Date: 04/30/2006

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 100,000.00
b. * Total Federal & Non-Federal Funds 100,000.00
c. * Estimated Program Income 100,000.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 11/21/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Dr. David Rushton Farley
* Position/Title: President * Organization: Innovative Energy Concepts
Department: Division:
* Street1: 2200 Main Drive Street2:
* City: Burlingame County: San Mateo * State: CA: California
Province: * Country: UNITED ST * ZIP / Postal Code: 94010
* Phone Number: 650-787-2518 Fax Number: 650-685-5640 * Email: dfarley@ienergyconcepts.com

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

11/21/06

Completed on submission to Grants.gov

20. Pre-application

Delete Attachment View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Delete Attachment View Attachment

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 11/22/06	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: COUNTY OF SAN DIEGO

Organizational DUNS: 00-9581646

Address: 1960 JOE CROSSON DR.
City: EL CAJON
County: SAN DIEGO
State: CA Zip Code: 92020

Country: USA

Organizational Unit: Department: PUBLIC WORKS
Division: AIRPORTS

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: First Name: PETER
Middle Name: Last Name: DRINKWATER
Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov

Phone Number (give area code) (619) 956-4839 Fax Number (give area code) (619) 956-4801

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
B
Other (specify)

9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - PALOMAR AIRPORT TERMINAL REDEVELOPMENT PROJECTS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA

13. PROPOSED PROJECT
Start Date: TBD Ending Date: TBD

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 52 b. Project 51

15. ESTIMATED FUNDING:

a. Federal	\$	10,317,947
b. Applicant	\$	464,103
c. State	\$	
d. Local	\$	
e. Other	\$	7,500,000
f. Program Income	\$	0
g. TOTAL	\$	18,282,050

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 12/05/05
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative
Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER
b. Title: DIRECTOR OF COUNTY AIRPORTS
c. Telephone Number (give area code) (619) 956-4839
d. Signature of Authorized Representative: Peter Drinkwater
e. Date Signed: 11/22/06

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/31/06	Applicant Identifier NA
		3. DATE RECEIVED BY STATE NA	State Application Identifier NA
		4. DATE RECEIVED BY FEDERAL AGENCY 10/31/06	Federal Identifier 04-049-942453 025

5. APPLICANT INFORMATION	
Legal Name: Mountain Volunteer Fire Department Address (give city, county, state, and zip code): 5198 Sharp Road Calistoga, CA 94515	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Mike Rossi, Fire Chief, 707/942-9021
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 2 4 5 3 0 2 5 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u> </div> </div>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">A. Increase Award D. Decrease Duration</div> <div style="width: 30%;">B. Decrease Award Other (specify):</div> <div style="width: 30%;">C. Increase Duration</div> </div>	9. NAME OF FEDERAL AGENCY: USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 6 </div> TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Sonoma County Unincorporated Areas	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of Fire Engine and Related Equipment.

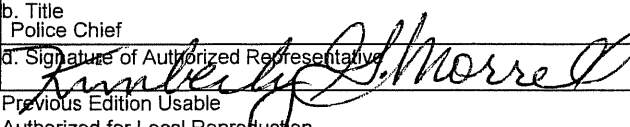
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:																													
Start Date 10/6/06	Ending Date 2/7/06	a. Applicant one (1)																													
15. ESTIMATED FUNDING		b. Project one (1)																													
<table style="width:100%;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">30,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">28,569.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">220,500.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td></td> <td style="text-align: right;">279,069.00</td> </tr> </table>		a. Federal	\$		30,000.00	b. Applicant	\$		28,569.00	c. State	\$			d. Local	\$			e. Other	\$		220,500.00	f. Program Income	\$			g. Total	\$		279,069.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$		30,000.00																												
b. Applicant	\$		28,569.00																												
c. State	\$																														
d. Local	\$																														
e. Other	\$		220,500.00																												
f. Program Income	\$																														
g. Total	\$		279,069.00																												
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO																													

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Mike E. Rossi	b. Title Fire Chief, Mountain VFD	c. Telephone Number (707) 942-2222
d. Signature of Authorized Representative 		e. Date Signed 10/10/06

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11-10-2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name:	Organizational Unit:
City of Lemoore	Department: Lemoore Police Department
Organizational DUNS: 181668948	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 657 Fox Street	Prefix: Chief
City: Lemoore	First Name: Kimberly
County: Kings	Middle Name G.
State: California	Last Name Morrell
Zip Code 93245	Suffix:
Country: United States of America	Email: kmorrell@co.kings.ca.us
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	
94-6000355	
8. TYPE OF APPLICATION:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	
Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
10-766	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	
City of Lemoore	
13. PROPOSED PROJECT	
Start Date: 12/1/06	Ending Date: 12/30/06
15. ESTIMATED FUNDING:	
a. Federal	\$ 56,250.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$ 18,750.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 75,000.00
14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant 20th Congressional District	b. Project 20th Congressional District
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11-9-06	
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Chief	First Name Kimberly
Middle Name G.	
Last Name Morrell	
Suffix	
b. Title Police Chief	
c. Telephone Number (give area code) (559) 924-9574	
d. Signature of Authorized Representative	
	
e. Date Signed 11/9/06	

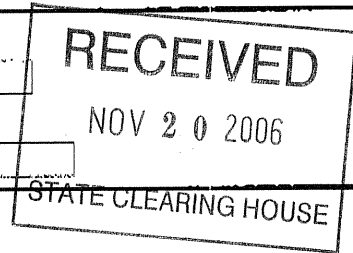
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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02



* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Change/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: PARKS AND RECREATION, CA DEPT OF

* b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0303606

* c. Organizational DUNS:

72073807

d. Address:

* Street1:

301 Caspian Way

Street2:

* City:

Imperial Beach

County:

San Diego

* State:

CA: California

Province:

* Country:

USA UNITED STATES

* Zip / Postal Code:

91932

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Clay

Middle Name:

* Last Name:

Phillips

Suffix:

Title:

Resource Manager

Organizational Affiliation:

* Telephone Number:

619-575-3615

Fax Number:

619-575-6913

* Email:

cphillip@parks.ca.gov

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title

Coastal Zone Management Estuarine Research Reserves

* 12. Funding Opportunity Number:

NOS-OCRAI-2007-2030789

* Title:

National Estuarine Research Reserve Land Acquisition and Construction Program FY07

13. Competition Identification Number:

2050004

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Imperial Beach, San Diego County, California

* 15. Descriptive Title of Applicant's Project:

TRNERR Storage and Nursery Compound

Attach supporting documents as specified in agency instructions.

APPLICANT'S SIGNATURE DATE OF SIGNATURE

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant: <input type="text" value="53"/>	* b. Program/Project: <input type="text" value="53"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date: <input type="text" value="06/01/2007"/>	* b. End Date: <input type="text" value="05/31/2008"/>	
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="227,030.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="97,036.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="324,066.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="11/21/2006"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Clay"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Phillips"/>		
Suffix: <input type="text"/>		
* Title: <input type="text" value="Reserve Manager"/>		
* Telephone Number: <input type="text" value="619-575-3615"/>	Fax Number: <input type="text" value="619-575-6913"/>	
* Email: <input type="text" value="cphillip@parks.ca.gov"/>		
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>	

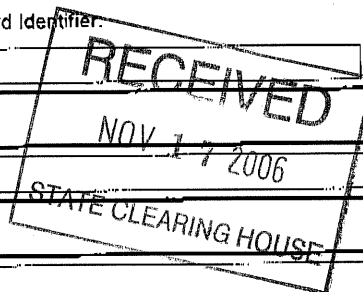
Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="San Jose State University Foundation"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6017638"/>			* c. Organizational DUNS: <input type="text" value="056820715"/>		
d. Address:					
* Street1: <input type="text" value="210 North Fourth Street, 4th Floor"/>					
Street2: <input type="text"/>					
* City: <input type="text" value="San Jose"/>					
County: <input type="text"/>					
* State: <input type="text" value="CA: California"/>					
Province: <input type="text"/>					
* Country: <input type="text" value="USA: UNITED STATES"/>					
* Zip / Postal Code: <input type="text" value="95112-6569"/>					
e. Organizational Unit:					
Department Name: <input type="text" value="Moss Landing Marine Labs"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text" value="Dr."/>		* First Name: <input type="text" value="Kenneth"/>			
Middle Name: <input type="text" value="H."/>					
* Last Name: <input type="text" value="Coale"/>					
Suffix: <input type="text" value="Ph.D"/>					
Title: <input type="text" value="Director, Moss Landing Marine Laboratories"/>					
Organizational Affiliation: <input type="text" value="Moss Landing Marine Laboratories"/>					
* Telephone Number: <input type="text" value="(831) 771-4406"/>			Fax Number: <input type="text" value="(831) 633-4403"/>		
* Email: <input type="text" value="coale@mml.calstate.edu"/>					



Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.473

CFDA Title:

Coastal Services Center

*** 12. Funding Opportunity Number:**

NOS-CSC-2007-2000865

* Title:

Coastal Observation Technology System FY2007

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

California

*** 15. Descriptive Title of Applicant's Project:**

The California State University Center for Integrative Coastal Ocean Research

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 16

* b. Program/Project 16

Attach an additional list of Program/Project Congressional Districts if needed.

	Add Attachment	Print Attachment	Delete Attachment
--	----------------	------------------	-------------------

17. Proposed Project:

* a. Start Date: 08/01/2007

* b. End Date: 07/31/2008

18. Estimated Funding (\$):

* a. Federal	2,375,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,375,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 11/16/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr. * First Name: Pamela
Middle Name: C.
* Last Name: Stacks
Suffix: Ph.D.

* Title: AVP Graduate Studies and Research

* Telephone Number: 408-924-2427 Fax Number: 408-924-1496

* Email: osp@foundation.sjsu.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier			
5. APPLICANT INFORMATION * Legal Name: The Regents of the University of California, Santa Cruz Campus Department: Chemistry & Biochemistry Division: Physical & Biological Sciences * Street1: 1156 High Street Street2: * City: Santa Cruz County: Santa Cruz * State: CA * ZIP Code: 95064 * Country: USA * Organizational DUNS:1250847230000			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Mr. Kaz Wegmuller * Phone Number: 831-459-1402 Fax Number: 831-459-3139 Email: weg@ucsc.edu			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 941539563		7. * TYPE OF APPLICANT F: State-Controlled Institution of Higher Education Other (Specify): <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged Small Business Organization Type	
8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision			
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Efficient Photon-Current Conversion by Plasmon-Induced Charge Separation			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Santa Cruz, California			
13. PROPOSED PROJECT: * Start Date * Ending Date 05/01/2007 04/30/2010		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project 17th 17th	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Shaowel Chen Position/Title: Associate Professor * Organization Name: The Regents of the University of California, Santa Cruz Campus Department: Chemistry & Biochemistry Division: Physical & Biological Sciences * Street1: 1156 High Street Street2: * City: Santa Cruz County: Santa Cruz * State: CA * ZIP Code: 95064 * Country: USA * Phone Number: 831-459-5841 Fax Number: 831-459-2935 * Email: schen@chemistry.ucsc.edu			

To: State Clearinghouse
Governor's Office of Planning and Research
Fax: 916-323-3018

From:

Kaz Wegmuller
Senior Research Administrator
Office of Sponsored Projects
UC Santa Cruz
ph. 831-459-1402
fx 831-459-3139

RE: E.O. 12372

4 pg. total

RECEIVED

NOV 16 2006

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
<input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE	State Application Identifier
		4. Federal Identifier	
5. APPLICANT INFORMATION * Organizational DUNS:1250847230000			
* Legal Name: Regents of the University of California, Santa Cruz Campus Department: Chemistry and Biochemistry Division: Physical & Biological Science * Street1: 1156 High Street Street2: * City: Santa Cruz County: * State: CA * ZIP Code: 95064 * Country: USA			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Mr. Kaz Wegmuller * Phone Number: 831-459-1402 Fax Number: 831-459-3139 Email: weg@ucsc.edu			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 941539563		7. * TYPE OF APPLICANT F: State-Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Photocatalytic conversion of CO2 to CH4			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Global			
13. PROPOSED PROJECT: * Start Date * Ending Date 07/01/2007 06/30/2010		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project 17th All	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Jin Zhang			
Position/Title: Professor * Organization Name: Regents of the University of California, Santa Cruz Campus Department: Chemistry and Biochemistry Division: Physical & Biological Science * Street1: 1156 High Street Street2: * City: Santa Cruz County: * State: CA * ZIP Code: 95064 * Country: USA * Phone Number: 831-459-3776 Fax Number: 831-459-2935 * Email: zhang@chemistry.ucsc.edu			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding \$990,000.00		a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds \$990,000.00		DATE: 11/14/2006	
c. * Estimated Program Income \$0.00		b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR	
		<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>			
19. Authorized Representative			
Prefix: Mr.	* First Name: Kaz	Middle Name:	* Last Name: Wegmuller Suffix:
* Position/Title: Senior Research Administrator		* Organization Name: Regents of the University of California, Santa Cruz Campus	
Department: Chemistry and Biochemistry		Division: Physical & Biological Science	
* Street1: 1156 High Street		Street2:	
* City: Santa Cruz		County:	* State: CA
* Country: USA			* ZIP Code: 95064
* Phone Number: 831-459-1402		Fax Number: 831-459-3139	* Email: weg@ucsc.edu
* Signature of Authorized Representative		* Date Signed	
Kaz Wegmuller		11/14/2006	
20. Pre-application File Name: 8201-Jin_Zhang_-_preprop060506.pdf Mime Type: application/pdf			

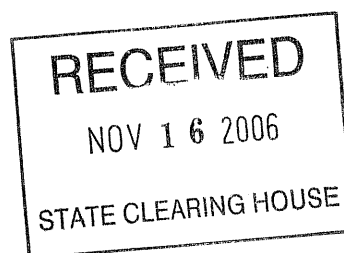
SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	\$399,150.00	a. YES	<input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	\$399,150.00	DATE: 11/14/2006	
c. * Estimated Program Income	\$0.00	b. NO	<input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>			
19. Authorized Representative			
Prefix: * First Name:	Middle Name:	* Last Name:	Suffix:
Mr. Kaz		Wegmuller	
* Position/Title: Senior Research Administrator	* Organization Name: The Regents of the University of California, Santa Cruz Campus		
Department: Office of Sponsored Projects	Division:		
* Street1: 1156 High Street	Street2:		
* City: Santa Cruz	County: Santa Cruz		
* Country: USA	* State: CA		
* Phone Number: 831-459-1402	* ZIP Code: 95064		
	Fax Number: 831-459-3139		
	* Email: weg@ucsc.edu		
* Signature of Authorized Representative		* Date Signed	
Kaz Wegmuller		11/13/2006	
20. Pre-application File Name: 4205-solar-plasmon.pdf Mime Type: application/pdf			

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		2. DATE SUBMITTED 11/08/2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier MA
		4. Federal Identifier	
5. APPLICANT INFORMATION * Organizational DUNS:001425594 * Legal Name: Massachusetts Institute of Technology Department: Division: * Street1: 77 Massachusetts Ave. Street2: E19-750 * City: Cambridge County: * State: MA * ZIP Code: 02139 * Country: USA			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Angela J Olsen * Phone Number: 6173240302 Fax Number: Email: ajolsen@mit.edu			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 042103594		7. * TYPE OF APPLICANT L: Private Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: DOE - Institutional Agreement	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81049 TITLE: Basic Research for Solar Energy Utilization in Solar Thermal Energy Utilization	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Inorganic-Organic Biotemplated Nano-Assemblies for Photovoltaic Devices			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) MA			
13. PROPOSED PROJECT: * Start Date * Ending Date 10/01/2007 09/30/2010		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project 8 8	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Paula T Hammond Position/Title: Coord of Facilities & Equip & Prof Chemical * Organization Name: Massachusetts Institute of Technology Department: Chemical Engineering Division: School of Engineering * Street1: 77 Massachusetts Ave. Street2: * City: Cambridge County: * State: MA * ZIP Code: 02139 * Country: USA * Phone Number: 6172587577 Fax Number: * Email: hammond@mit.edu			



SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding \$3,015,000.00 b. * Total Federal & Non-Federal Funds \$3,015,000.00 c. * Estimated Program Income \$0.00	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: b. NO <input checked="" type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																													
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																																														
19. Authorized Representative <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">Prefix:</td> <td style="width: 30%;">* First Name: Patrick</td> <td style="width: 20%;">Middle Name: W.</td> <td style="width: 20%;">* Last Name: Fitzgerald</td> <td style="width: 20%;">Suffix:</td> </tr> <tr> <td>* Position/Title:</td> <td colspan="4">* Organization Name: Massachusetts Institute of Technology</td> </tr> <tr> <td>Department:</td> <td colspan="4">Division:</td> </tr> <tr> <td>* Street1: 77 Massachusetts Ave.</td> <td colspan="4">Street2:</td> </tr> <tr> <td>* City: Cambridge</td> <td>County:</td> <td>* State: MA</td> <td colspan="2">* ZIP Code: 02139</td> </tr> <tr> <td>* Country: USA</td> <td colspan="4"></td> </tr> <tr> <td>* Phone Number: (617)253-2492</td> <td>Fax Number: (617)253-4734</td> <td colspan="3">* Email: pwf@mit.edu</td> </tr> <tr> <td colspan="2" style="text-align: center;">* Signature of Authorized Representative</td> <td colspan="3" style="text-align: center;">* Date Signed</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____</td> <td colspan="3" style="text-align: center;">11/08/2006</td> </tr> </table>		Prefix:	* First Name: Patrick	Middle Name: W.	* Last Name: Fitzgerald	Suffix:	* Position/Title:	* Organization Name: Massachusetts Institute of Technology				Department:	Division:				* Street1: 77 Massachusetts Ave.	Street2:				* City: Cambridge	County:	* State: MA	* ZIP Code: 02139		* Country: USA					* Phone Number: (617)253-2492	Fax Number: (617)253-4734	* Email: pwf@mit.edu			* Signature of Authorized Representative		* Date Signed			_____		11/08/2006		
Prefix:	* First Name: Patrick	Middle Name: W.	* Last Name: Fitzgerald	Suffix:																																										
* Position/Title:	* Organization Name: Massachusetts Institute of Technology																																													
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* Signature of Authorized Representative		* Date Signed																																												
_____		11/08/2006																																												
20. Pre-application File Name: Mime Type:																																														

